CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA, 22313-1450 on July 20, 2004

Tanya Parker

(Typed or Printed Name of Person Mailing Paper or Fee)

signature of Person Mailing Paper or Fee)

PATENT APPLICATION Attorney Docket No. OR01-00401

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF	·)
) Examiner: Truong, Cam Y T
Lawrence Jacobs et al.)
) Group Art Unit: 2172
Serial No. 09/922,617)
)
Filing Date: August 4, 2001)
)
Title: AUTOMATIC INVALIDATION OF	F CACHED)
ΠΔΤΔ)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: AF

Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- Response under 37 C.F.R. § 1.111 to official action mailed April 7, 2004. [x]
- [x]A petition for extension of time is also enclosed with a fee of \$110.00 for a onemonth extension for a large entity.
- Terminal disclaimer under 37 C.F. R. § 1.321(c), including []
 - [] check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - [] 2 certificates under 37 C.F.R. § 3.73(b).
- RCE with \$770.00 fee required under 37 C.F.R. § 1.17(e) [x]
- [x]No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

	AN	MENDED CL	AIMS		
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

A check in the amount of \$880.00	is enclose	ea.
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Respectfully submitted,

Ву

Edward J. Grundler Registration No. 47,615

Date: July 20, 2004

^[] Charge \$___ to Deposit Account No. ___ (Docket No. ___).

[[]x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required <u>extension of time fees</u> to Deposit Account Number 50-1003. (Docket No. OR01-00401).